

WISCONSIN MEDICAID

**CERTIFICATION OF NEED FOR SPECIALIZED MEDICAL VEHICLE TRANSPORTATION**

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the application or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

**Use an exact copy of this form.** Wisconsin Medicaid will not accept alternate versions (i.e., retyped or otherwise reformatted) of this form.

**INSTRUCTIONS FOR MEDICAL CARE PROVIDER COMPLETING THIS FORM**

Print clearly or type.

**Sections I and II**

Print the recipient's full name and Wisconsin Medicaid identification number in Section I.

Check yes or no for whether the recipient has a condition that contraindicates safe travel by common carrier such as bus, taxi, or private vehicle. If no, stop here.

**Sections III and IV**

Complete Sections III and IV if the recipient's condition contraindicates safe travel by common carrier such as bus, taxi, or private vehicle.

Sign and date Section IV only if the provider has evaluated this recipient and finds that he or she is legally blind or disabled and cannot travel safely by common carrier such as a private vehicle or mass transit. The provider's signature must be original and cannot be stamped or photocopied. Give the original form to the recipient and keep a copy. Faxes are acceptable.

**Definitions**

**Indefinitely disabled** — As stated in HFS 107.23(1)(c)1, Wis. Admin. Code, "indefinitely disabled" means a chronic, debilitating physical impairment which includes an inability to ambulate without personal assistance or requires the use of a mechanical aid such as a wheelchair, a walker or crutches, or a mental impairment which includes an inability to reliably and safely use common carrier transportation because of organic conditions affecting cognitive abilities or psychiatric symptoms that interfere with the recipient's safety or that might result in unsafe or unpredictable behavior. These symptoms and behaviors may include the inability to remain oriented to correct embarkation and debarkation points and times and the inability to remain safely seated in a common carrier cab or coach.

**Temporarily disabled** — A condition that meets the above definition but is expected to exist only for a limited time.

**INSTRUCTIONS FOR SPECIALIZED MEDICAL VEHICLE PROVIDER**

1. Give a copy of this form to the recipient requesting specialized medical vehicle transportation if he or she does not already have a copy. Wisconsin Medicaid will not accept alternate versions (i.e., retyped or otherwise reformatted) of this form.

The form is valid only if it is completed fully and has an original signature (i.e., not a stamped or photocopied signature). Wisconsin Medicaid will not accept incomplete forms or forms without original signatures. Faxes are acceptable.

2. Accept the form only if the date of receipt is within 14 working days from the date the medical care provider signs the form. If the form indicates that the recipient is temporarily disabled, the certification of need is valid for the period indicated on the form. This period must be no more than 90 days from the date the medical care provider signed the form.

If the form indicates that the recipient is indefinitely disabled, the certification of need is valid for 365 days from the date the medical care provider signed the form.

3. Retain the completed original in the recipient's file for five years from the last date of service billed under this form. Failure to retain this form may result in recovery of Medicaid payment for the transportation services the provider provided to the recipient.

Refer to the Specialized Medical Vehicle Handbook for related instructions.